Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PR

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6007322	B. WING			27/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
AVANTAI	RAEVERGREEN PAR	n.	UTH KEDZ			
(24) 10	SLIMMARY STA	TEMENT OF DEFICIENCIES	EEN PARK,			1
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFILE DEFICIENCY)	ID BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Complaint 219764	5/IL139256				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations:				
	Violation 1 of 2:					
3	300.610a) 300.1210b) 300.1210d)2) 300.1220b)2)7) 300.3240a)					
	a) The facility sprocedures governing facility. The written be formulated by a land Committee consisting administrator, the admedical advisory confinering and other policies shall comply The written policies the facility and shall	dvisory physician or the mmittee, and representatives services in the facility. The with the Act and this Part. shall be followed in operating be reviewed at least annually				
	Section 300.1210 G Nursing and Person b) The facility s	eneral Requirements for				
	practicable physical, well-being of the res	mental, and psychological ident, in accordance with prehensive resident care		Attachment A Statement of Licensure Violation	ıs	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(LE CONSTRUCTION		E SURVEY PLETED
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		IL6007322	B. WING			27/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE		
AVANTA	RAEVERGREEN PAR	K.	UTH KEDZI EN PARK, I			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LID BE	(X5) COMPLETE DATE
S9999	care and personal of resident to meet the care needs of the red. d) Pursuant to nursing care shall in following and shall I seven-day-a-week I 2) All treat be administered as Section 300.1220 Services b) The DON shoursing services of 2) Oversee assessment of the rinclude medically defunctional status, se impairments, nutritic psychosocial status condition, activities potential, cognitive sometical, cognitive sometical provided to resident Section 300.3240 All an An owner, like employee or agent of neglect a resident.	I properly supervised nursing care shall be provided to each e total nursing and personal esident. subsection (a), general nelude, at a minimum, the be practiced on a 24-hour, basis: ments and procedures shall ordered by the physician. Supervision of Nursing hall supervise and oversee the the facility, including: eing the comprehensive residents' needs, which efined conditions and medical ensory and physical onal status and requirements, discharge potential, dental potential, rehabilitation status, and drug therapy. ating the care and services is in the nursing facility.	\$9999			
	failed to follow the p	and record review, the facility hysician orders for the use of ory equipment: Bilevel				

Illinois Department of Public Health
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		IL6007322	B. WING		10/	27/2021	
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S9999	Continued From pa	ge 2	S9999				
	machine), to meet to patient (R1) of the services. This failur (R1's) admission to requiring an emerge and being admitted	Airway pressure (Bi-pap he respiratory needs of one patients review for respiratory e happened within 12 hours of the facility, resulted in R1 ent transfer to local hospital with diagnosis of respiratory a with 50% oxygen saturation					
	Findings include:		!				
	08/31/2021 for after diagnoses that inclu	r-old admitted to the facility on care of Covid-19, with the lare not limited to: espiratory failure, obstructive erebral infarct.					
	following: Vital signs dated 8-3 pressure: 120/75, H 99.1, respirations: 2 with oxygen at 2 lite Includes an order for needed. (BiPAP is a pressure machine u	arge orders document the 31-2021 at 4:12pm - blood leart Rate: 82, Temperature: 0 and oxygen saturation: 98% rs per nasal cannula. or BiPAP at bedtime and as a type of positive airway used to maintain a consistent as two pressure settings).					
	10:48PM reads: (R1) arrived at 10:40	ote dated 8-31-2021 at Opm 8-31-2021 assessed R, toatient came in on 4 liters of			İ		
		an Orders for August 2021 hine at nighttime and as as of breath.					
	Facility Documentat	ion for Oxygen Saturation					

Illinois Department of Public Health
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
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S9999	Continued From pa	ge 3	S9999			
	includes: 8-31-2021 at 10:51 9-1-2021 at 2:06am 9-1-2021 at 9:00am	96%				
	reads: R1 was havi level was checked a tank oxygen, and no went to 96%. Switch cannula, oxygen dro	ote dated 9-1-2021 at 9:44am ng problem breathing, Oxygen and was 84%. R1 was put on on-rebreather mask. Oxygen th out oxygen mask to nasal opped to 53%.				
	admission and phys BiPAP machine at t out 911 from the fac breath and her oxyg	udes: 9-2-2021 (under sical) R1 did not have her he facility and had to be sent cility because she was short of gen saturation was in the 50% (Oxygen saturation below 92% tention).				
	Nurse) stated " I did did the vitals. The B	om, V7 (Licensed Practical I not do the admission I just biPAP machine was not here in It come with the BiPAP				
	stated, "The admiss of nursing will tell m BiPAP) to order and to the company and machines with them programed. Sometii order form via emai mouth. A CPAP ma 9-2-2021 for R1 instype of positive airw	om, V3 (Central Supply Clerk) sion department or the director e what machine (CPAP or I the settings, then I will give it I the company brings the n, with the settings already mes they will send me an II, or it can be by word of inchine was delivered on tead of the BiPAP. (CPAP is a pay pressure machine used to not breathing pattern; has one				

Illinois Department of Public Health

STATE FORM

PRINTED: 12/29/2021 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED C IL6007322 B. WING 10/27/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10124 SOUTH KEDZIE AVANTARA EVERGREEN PARK **EVERGREEN PARK, IL 60805** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY)** S9999 Continued From page 4 S9999 10/26/2021 at 2:17pm, V9 (DON/Director of Nursing) stated, "I recall R1; upon admission we needed to verify the orders and make sure the orders were correct for the patient and we also needed to verify the settings on the machine. The nurse can call the doctor to get an order for oxygen if the BiPAP machine is not here. The nurse should call the company for a fast (STAT) machine delivery. Our cut off time is 8:00pm. We will call the company right away so the machine will be here and in place when the patient gets here. We need to make sure the equipment is here before the patient gets here. If they don't have one, we have two standby BiPAP machines in storage that they can use if they are available for use. If there is not a BiPAP machine available, I expect the nurse to call the doctor and let them know that the patient's BiPAP is not here and see if the patient is stable enough to use oxygen until it comes, or if we should send them back to the hospital. I don't know why R1's machine was not here. The nurse should check to make sure it's the right machine, on the right settings, and that the machine is working." 10/26/2021 at 10:24am V4 (Advance Nurse Practitioner) stated " I didn't see (R1) initially because she was sent back to the hospital in a very short period of time. .I did see R1 while she was in the hospital. I did not know that the BiPAP was not there when R1 was admitted to the

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the facility."

facility. It's possible that not having the respiratory equipment (BiPAP) caused her to be readmitted to the hospital. With post Covid-19 patients, they can become hypoxic (oxygen deficient); not having the BiPAP definitely affected her. I was not notified that R1 didn't have a BiPAP while in

Illinois Department of Public Health

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	N(IL6007322	B. WING		C 10/27/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
AVANTA	RAEVERGREEN PAR	K 10124 SO	UTH KEDZI EN PARK,	E		
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\$9999	Continued From pa	ge 5	S9999			
	documentation that that the BiPAP mac there is no docume was placed for the I delivered. 10/26/2021 at 2:46p	record does not include any R1's physician was notified hine was not available and nation that a new STAT order BiPAP machine to be		-		
	"My expectation of they follow state and physician orders. The order with the physician orders, they are supported to follow the went back into the supposed to follow the wedon't have all the patient needs, then me or the DON to condon't have the equipole needs. The admission get the necessary end we don't have the doctor and ask it back to the emerger stay here with oxyge comes. The DON are go behind the nurses nurses need to make if it's a CPAP or BiPA settings are pre-procedured to the conference of the policy of this resident/patient medicare must be in accomplysician orders. The	the nurses is to make sure of federal regulation and follow ney are supposed to check the cian and if the order is oposed to follow it. I didn't find ving her BiPAP machine until the hospital. V9 (DON) was up with the BiPAP machine. If a equipment to meet the curses are supposed to call all the hospital to tell them we sment to meet the patients' ion will be put on hold until we equipment. If a patient comes he equipment, they should call if they should send the patient ney room or if the patient can en therapy until the BiPAP and the Unit Managers should and check new orders. The escrept it's the right machine, AP, and make sure that the grammed in the machine impany.				

PRINTED: 12/29/2021 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: __ B. WING IL6007322 10/27/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **10124 SOUTH KEDZIE** AVANTARA EVERGREEN PARK **EVERGREEN PARK, IL 60805** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 6 S9999 Facility document titled, CPAP/BIPAP Support (undated) includes: Purpose. 1. To provide the spontaneously breathing resident with continuous positive airway pressure with or without supplemental oxygen. 2. To improve arterial oxygenation (PaO2) in residents with respiratory insufficiency, obstructive sleep apnea or restrictive/obstructive lung disease. 3. To promote resident comfort and safety. (NO VIOLATION ISSUED) Violations 2 of 2: 300.610a) 300.1210b) 300.1210d)2) Section 300.610 Resident Care Policies: The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part.

Illinois Department of Public Health

STATE FORM

The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed

Section 300.1210 General Requirements for

The facility shall provide the necessary

and dated minutes of the meeting.

Nursing and Personal Care

ZVS011

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: ___ C B. WING _ IL6007322 10/27/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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	care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.			
	d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 2) All treatments and procedures shall be administered as ordered by the physician.			
	These requirements were not met as evidenced by:			
	Based on interview and record review the facility failed to provide respiratory services in accordance with physician orders to meet the needs of a resident who required the use of a BiPAP machine to maintain respiratory function. This failure applied to one (R1) of one resident reviewed for respiratory services. This failure resulted in R1 requiring an emergent transfer to local hospital and being admitted with diagnosis of respiratory distress and hypoxia with 50% oxygen saturation level.			
	Findings include:			
ō	R1 one is a 71-year-old admitted to the facility on 08/31/2021 for aftercare of Covid-19, with diagnoses that include but are not limited to: acute and chronic respiratory failure, obstructive sleep apnea, and cerebral infarct.			
	R1's hospital discharge orders document the			

ZVS011

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R1 sent to local hospital for evaluation via 911.

Hospital record includes: 9-2-2021 (under admission and physical) R1 did not have her BiPAP machine at the facility and had to be sent out 911 from the facility because she was short of breath and her oxygen saturation was in the 50% oxygen saturation. (Oxygen saturation below 92%

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		IL6007322	B. WING		10/:	27/2021
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	requires medical att	tention).				
	Nurse) stated " I did did the vitals. The B	om V7 (Licensed Practical I not do the admission I just IPAP machine was not here in It come with the BiPAP				
	stated "The admiss of nursing will tell m BiPAP) to order and the company and th machines with them programed. Sometim order form via email mouth. A CPAP ma 9-2-2021 for R1 instantation a consister pressure setting).	om, V3 (Central Supply Clerk) sion department or the director e what machine (CPAP or the settings. I will give it to e company brings the with the settings already mes they will send me and, or it can be by word of chine was delivered on the ead of the BiPAP." (CPAP is a pay pressure machine used to be the treathing pattern; has one				
	Nursing) stated "I re needed to verify the orders were correct needed to verify the The nurse can call the oxygen if the BiPAP nurse should call the machine delivery. Owill call the company will be here and in place. We need to make before the paties	m, V9 (DON/Director of call R1; upon admission we orders and make sure the for the patient and we also settings on the machine. The doctor to get an order for machine is not here. The ecompany for a fast (STAT) our cut off time is 8:00pm. We right away so the machine lace when the patient gets ake sure the equipment is ent gets here. If they don't wo standby BiPAP machines				
	in storage that they of for use. If there is no I expect the nurse to	can use, if they are available at a BiPAP machine available, call the doctor and let them t's BiPAP is not here and see				

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\$9999	Continued From pa	ge 10	S9999			
	it comes or if we she hospital. I don't know here. The nurse she the right machine, of the machine is work. 10/26/2021 at 10:24 Practitioner) stated, because she was so very short period of was in the hospital. was not there when facility. It's possible equipment (BiPAP) to the hospital. With can become hypoxic having the BiPAP designation of the shear	le enough to use oxygen until ould send them back to the w why R1's machine was not ould check to make sure it's in the right settings, and that king." Ham V4 (Advance Nurse "I didn't see (R1) initially ent back to the hospital in a time. I did see R1 while she I did not know that the BiPAP R1 was admitted to the that not having the respiratory caused her to be readmitted in post Covid-19 patients, they covide the covide of the cov				
	documentation that that the BiPAP mach	ecord does not include any R1's physician was notified nine was not available and station that a new STAT order siPAP machine to be				
	"My expectation of the they follow state and physician orders. The order with the physician correct, they are supout about R1 not have she went back into the supposed to follow unwe don't have all the patient needs, the number of the supposed to suppose to follow unwe don't have all the patient needs, the number of the supposed to suppose the suppose t	m, V1 (Administrator) stated the nurses is to make sure federal regulation and follow ey are supposed to check the sian and if the order is posed to follow it. I didn't find wing her BiPAP machine until the hospital. V9 (DON) was possible with the BiPAP machine. If equipment to meet the urses are supposed to call all the hospital to tell them we		9		

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